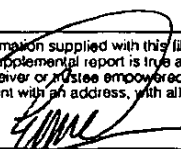


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/2

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90003 017 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                     |                                                               |                                                                                                                                                 |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P07000036144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                     |                                                               |                                                                |                                                                              |
| 1. Entity Name<br>KAILUA AUTO CENTER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                     |                                                               |                                                                                                                                                 |                                                                              |
| Principal Place of Business<br>1964-66 N.W. 55 AVENUE<br>MARGATE, FL 33063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                     | Mailing Address<br>7570 N.W. 75TH DRIVE<br>PARKLAND, FL 33067 |                                                                                                                                                 |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                     | 3. Mailing Address                                            |                                                                                                                                                 |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                     | Suite, Apt. #, etc.                                           |                                                                                                                                                 |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                     | City & State                                                  |                                                                                                                                                 |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                              | Zip                                                                                 | Country                                                       | 4. FEI Number<br><b>26-0299069</b>                                                                                                              |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                     |                                                               | Applied For<br>Not Applicable                                                                                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>MACEDO, ESDRAS<br>7570 N.W. 75 DRIVE<br>PARKLAND, FL 33067                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                     |                                                               | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> Zip Code |                                                                              |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                     |                                                               |                                                                                                                                                 |                                                                              |
| SIGNATURE _____ DATE _____<br><small>Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                     |                                                               |                                                                                                                                                 |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                               | 5.00 May Be<br>Added to Fees                                                                                                                    |                                                                              |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                     |                                                               |                                                                                                                                                 |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |                                                                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P.O.<br>MACEDO, ESDRAS<br>7570 N.W. 75TH DRIVE<br>PARKLAND, FL 33067 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | D<br>Priscilla Macedo<br>7570 NW 75th Drive<br>Parkland, FL 33067                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | D<br>Alisson Vantuill Lopes<br>1964-66 NW 55 Ave<br>Margate, FL 33063                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                |                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                |                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                |                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                |                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                      |                                                                                     |                                                               |                                                                                                                                                 |                                                                              |
| SIGNATURE:  ESDRAS MACEDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                     | 06/18/08 (954) 604 7676                                       |                                                                                                                                                 |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                     | Date Daytime Phone #                                          |                                                                                                                                                 |                                                                              |

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06122008 Chg-P CR2E034 (12/06)